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BIBDATASHEET

CONFIRMATION NO. 9733

Bib Data Sheet

SERIAL NUMBER 10/820,953	FILING OR 371(c) DATE 04/08/2004 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 2932.1008-009
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CON of 09/603,713 06/27/2000 ABN
 which claims benefit of 60/141,363 06/28/1999
 and claims benefit of 60/168,060 11/30/1999
 and claims benefit of 60/177,836 01/25/2000
 and claims benefit of 60/178,368 01/27/2000
 and claims benefit of 60/210,292 06/08/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/12/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY OK	SHEETS DRAWING 12	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
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TITLE
 INHIBITORS OF MEMAPSIN 2 AND USE THEREOF

FILING FEE RECEIVED 1070	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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